



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

**Patent Application**

Inventor Shrenik Deliwala

Case: 053168-500301D6

Serial No. 10/079,668

Group Art Unit 2874

Filing Date February 20, 2002

Examiner: Akm E. Ullah

Title: *Hybrid Active and Electronic Circuit With Evanescent Coupling*

COMMISSIONER OF PATENTS  
PO BOX 1450  
ALEXANDRIA, VA 22313-1450

SIR:

INFORMATION DISCLOSURE STATEMENT FROM A PCT WRITTEN OPINION  
DATED JULY 10, 2003

In accordance with 37 CFR 1.97(e)(1), the enclosed Information Disclosure Citation, with attached reference(s), is submitted for consideration in the above-identified application.

Copies of listed documents are enclosed.

NO FEE IS REQUIRED.

Respectfully,

By: Wendy W. Koba  
Wendy W. Koba, Esq.  
Reg. No. 30509  
Attorney for Applicant

Date: 9/22/03

Att: - Information Disclosure Statement with attachment(s)



PTO/SB/08a (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet

of

**Complete if Known**

Application Number	10/079,668
Filing Date	2/20/02
First Named Inventor	Deliwala
Art Unit	2874
Examiner Name	M.R. Connelly-Cushwa
Attorney Docket Number	053168-500301 D6

**U. S. PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
		US- 3883221	05-13-1975	Rigrod	
		US-			
		US-			
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**FOREIGN PATENT DOCUMENTS**

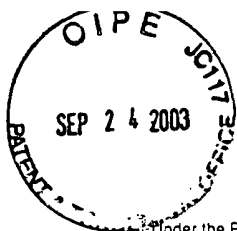
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	101079,668
	Filing Date	2/20/02
	First Named Inventor	Dellwala
	Art Unit	2874
	Examiner Name	M.R. Connelly - Cushman
Total Number of Pages in This Submission	Attorney Docket Number	053168-50030/D6

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wendy W. Koba
Signature	Wendy W. Koba
Date	9/22/03

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Wendy W. Koba		
Signature	Wendy W. Koba	Date	9/22/03

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